

The Patient-Rated Elbow Evaluation (PREE)[®] User Manual

December 2007

© Joy C. MacDermid, BScPT, MSc, PhD

School of Rehabilitation Science, McMaster University, Hamilton, Ontario, Canada
Clinical Research Lab, Hand and Upper Limb Centre, St. Joseph's Health Centre, London,
Ontario, Canada

E-mail: macderj@mcmaster.ca or jmacderm@uwo.ca

Table of Contents

Introduction	
What is the PREE?	p. 3
Instrument Development	
Designing the PREE.....	p. 4
Testing the PREE.....	p. 4
How to Score the PREE	
Computing the subscales	p. 5
Computing the total score.....	p. 5
Sample Scoring	p. 5
Interpretation	p. 6
Common Questions	p. 7
Instrument Properties and Outcome Studies	
Table 1 – Reliability	p. 9
Table 2 – Validity	p. 10
Table 3 – Comparative Data	p. 12
Bibliography of Published Studies	p. 13

Introduction

What is the Patient-Rated Elbow Evaluation (PREE)?

The PREE is a 20-item questionnaire designed to measure elbow pain and disability in activities of daily living. The PREE allows patients to rate their levels of elbow pain and disability from 0 to 10, and consists of 2 subscales:

- 1) PAIN subscale (0 = no pain, 10 = worst ever)
 - Pain - 5 items

- 2) FUNCTION subscale (0 = no difficulty, 10 = unable to do)
 - Specific activities - 11 items
 - Usual activities - 4 items

In addition to the individual subscale scores, a total score can be computed on a scale of 100 (0 = no disability), where pain and functional problems are weighted equally (see “How to Score the PREE” for detailed scoring instructions).

Instrument Development

Designing the PREE

Based on the previously validated and reliable Patient-Rated Wrist Evaluation (PRWE), the PREE was designed to measure elbow pain and disability. The pain items are identical to the PRWE with the term “elbow” replacing “wrist”. The “specific activities” items in the function subscale were based on the multi-dimensional Mayo Elbow Performance Index (MEPI) which has been proven to be a valid outcome scale for elbow pathology. Information from biomechanical and clinical literature were also used to generate additional items for the function domain. The “usual activities” items in the function subscale were adapted from the PRWE with the term “elbow” replacing “wrist”.

To keep the instrument brief and easy to use in a clinic, the questionnaire format was limited to five pain questions and fifteen function questions. A total score out of 100 can be computed by equally weighting the pain score (sum of five items) and the disability score (sum of fifteen items, divided by 3).

Testing the PRWE

For the test-retest reliability study, 50 patients with various elbow pathologies completed a second set of the PREE two to seven days after their clinic visit. The pain subscale’s individual items had excellent reliability (ICC = 0.74 to 0.87), whereas the function subscale’s individual items demonstrated moderate to high reliability (ICC = 0.60 to 0.88). Both the pain and function subscale scores showed excellent reliability (ICC = 0.88, 0.89, respectively). The highest reliability was demonstrated by the PREE total score (ICC = 0.95).

For the validity study, patients (n=70) with various elbow pathologies completed the PREE, the American Shoulder and Elbow Surgeons Elbow Index (ASES-e), the Disabilities of the Arm, Shoulder, Hand (DASH), and the SF-36 on two separate occasions. High correlations ($r = 0.93, 0.96$) were found between the PREE and ASES-e pain scales (hypothesis #1). Moderate correlations ($r = -0.61, -0.73$) were found between the PREE and ASES-e function scales (hypothesis #2). Moderate correlations ($r = 0.68$ to 0.89) were also found between the PREE subscales and total scores and the DASH (hypothesis #3). The PREE correlated higher with the DASH ($r = 0.68$ to 0.89) than the SF-36 physical component summary score ($r = -0.63$ to 0.56) (hypothesis #4). The PREE also correlated higher with the SF-36 physical component summary score ($r = -0.63$ to 0.56) than the SF-36 mental component summary score ($r = -0.23$ to 0.23) (hypothesis #5).

(Reference: MacDermid, 2001 (4))

The PREE has been further validated in patients who underwent total arthroplasty (Table 2) and has been used to assess patients with different elbow pathologies (Table 3).

2. FUNCTION

A. Specific Activities

Rate the **amount of difficulty** you experienced performing each of the items listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0 to 10. A **zero (0)** means you did not experience any difficulty, and a **ten (10)** means it was so difficult you were unable to do it at all.

Sample scale	0	1	2	3	4	5	6	7	8	9	10
	No Difficulty						Unable to Do				
Comb my hair	0	1	2	3	4	5	6	7	8	9	10
Eat with a fork or spoon	0	1	2	3	4	5	6	7	8	9	10
Pull a heavy object	0	1	2	3	4	5	6	7	8	9	10
Use my arm to rise from a chair	0	1	2	3	4	5	6	7	8	9	10
Carry a 10lb object with my arm at my side	0	1	2	3	4	5	6	7	8	9	10
Throw a small object, such as a tennis ball	0	1	2	3	4	5	6	7	8	9	10
Use a telephone	0	1	2	3	4	5	6	7	8	9	10
Do up buttons on the front of my shirt	0	1	2	3	4	5	6	7	8	9	10
Wash my opposite armpit	0	1	2	3	4	5	6	7	8	9	10
Tie my shoe	0	1	2	3	4	5	6	7	8	9	10
Turn the doorknob and open a door	0	1	2	3	4	5	6	7	8	9	10

B. Usual Activities

Rate the **amount of difficulty** you experienced performing your **usual** activities in each of the areas listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0 to 10. By "usual activities" we mean the activities that you performed **before** you started having a problem with your elbow. A **zero (0)** means you did not experience any difficulty, and a **ten (10)** means it was so difficult you were unable to do any of your usual activities.

1. Personal care activities (dressing, washing)	0	1	2	3	4	5	6	7	8	9	10
2. Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10
3. Work (your job or everyday work)	0	1	2	3	4	5	6	7	8	9	10
4. Recreational activities	0	1	2	3	4	5	6	7	8	9	10

Comments:

$$\text{Function score} = (7 + 6 + 5 + 8 + 6 + 8 + 5 + 6 + 5 + 6 + 7 + 7 + 5 + 4 + 5) / 3 = 30/50$$

$$\text{Total score} = 33 + 30 = 63/100$$

Interpretation

- The total PREE score rates pain and disability equally.
- Higher score indicates more pain and functional disability (e.g., 0 = no disability).

Common Questions

1) How are missing data treated?

If there is an item missing, you can replace the item with the mean score of the subscale.

2) What if patients leave the question blank because they cannot do it?

Make sure the patients understand that they should have answered “10” for the item and make corrections, if necessary.

3) What if patients rarely perform the task?

If patients are unsure about how to answer a task that is rarely performed, encourage them to estimate their average difficulty. Their estimate will be more accurate than leaving the question blank.

4) What if patients do not do the task?

If patients never do the task, they should leave the question blank.

Instrument Properties and Outcome Studies

Reliability

Test-Retest Reliability: the stability of the instrument over time.

Validity

Content Validity: the extent to which the instrument adequately covers the concepts of interest.

Construct Validity: the extent to which the instrument corresponds to theoretical constructs.

Criterion/Concurrent Validity: the extent to which the instrument relates with a gold standard or more established measure.

Table 1 – Reliability of the PREE in published studies

Study	Population	Type	PREE Results	Comparators		
MacDermid, 2001 (4)	70 patients (age=49 (16-81); 53% F) with various elbow pathologies	T-R reliability (2-7 days)	(n=50) Pain items ICC = 0.76 to 0.87 Function items ICC = 0.60 to 0.88 Pain subscale ICC = 0.88 Function subscale ICC = 0.89 Total score ICC = 0.95	ASES-e Pain items ICC = 0.68 to 0.82 Function items ICC = 0.58 to 0.84 Pain subscale ICC = 0.89 Function subscale ICC = 0.79 Satisfaction ICC = 0.84	DASH ICC = 0.93	SF-36 Subscales ICC = 0.43 to 0.88 SF-36 PCS ICC = 0.90 SF-36 MCS ICC = 0.73

Legend: ICC = intraclass correlation coefficient; T-R reliability = test-retest reliability

Abbreviations: ASES-e = American Shoulder and Elbow Surgeons Elbow index; DASH = Disabilities of the Arm, Shoulder, Hand; F = female; M = male; SF-36 = 36-Item Short-Form Health Survey

Table 2 – Validity of the PREE in Published Studies

Study	Population	Type	PREE Results		Comparators				
MacDermid, 2001 (4)	70 patients (age=49 (16-81); 53% F) with various elbow pathologies		1 st test	2 nd test	ASES-e 1 st test		ASES-e 2 nd test		
		r with ASES-e pain	r = 0.93	r = 0.96					
		r with ASES-e function	r = -0.61	r = -0.73					
		r with DASH	Pain r = 0.71 Function r = 0.78 Total r = 0.85	Pain r = 0.68 Function r = 0.82 Total r = 0.89	Pain r = 0.67 Function r = -0.75	Pain r = 0.72 Function r = -0.65			
		r with SF-36 PCS	Pain r = -0.49 Function r = -0.52 Total r = -0.56	Pain r = -0.63 Function r = -0.57 Total r = -0.55	Pain r = -0.48 Function r = 0.57	Pain r = -0.63 Function r = 0.33			
		r with SF-36 MCS	Pain r = -0.12 Function r = -0.23 Total r = -0.23	Pain r = -0.23 Function r = -0.12 Total r = -0.08	Pain r = -0.27 Function r = 0.10	Pain r = -0.21 Function r = 0.08			
Angst et al., 2005 (1)	79 patients (age=64.1 (24.5-92.3; 56F) who underwent total elbow arthroplasty	Concurrent			DASH	SF-36 PCS	SF-36 MCS	pm-ASES	cm-ASES
		r _s with DASH	r _s = 0.68			r _s = 0.76	r _s = 0.04	r _s = 0.73	r _s = 0.44
		r _s with SF-36 PCS	r _s = 0.59		r _s = 0.76		r _s = -0.10	r _s = 0.62	r _s = 0.39
		r _s with SF-36 MCS	r _s = 0.07		r _s = 0.04	r _s = -0.10		r _s = 0.02	r _s = -0.17
		r _s with	r _s = 0.92		r _s = 0.73	r _s = 0.62	r _s = 0.02		r _s = 0.63

		pmASES						
		r_s with cmASES	$r_s = 0.55$	$r_s = 0.44$	$r_s = 0.39$	$r_s = -.17$	$r_s = 0.63$	
		Construct (Factor load)						
		Physical unspecific	0.43	0.86	0.93	-0.02	0.55	0.14
		Physical specific	0.81	0.41	0.22	0.05	0.77	0.87
		Mental QOL	0.11	0.01	-0.05	0.99	0.07	-0.01

Legend: r = Pearson correlation coefficient; r_s = Spearman's correlation coefficient; M = male, F = female

Abbreviations: cmASES = clinical modified American Shoulder and Elbow Surgeons; DASH = Disabilities of the Arm, Shoulder, Hand; F = female; M = male; pmASES = patient modified American Shoulder and Elbow Surgeons; QOL = Quality of Life; SF-36 MCS = SF-36 Mental Component Score; SF-36 PCS = SF-36 Physical Component Score

Table 3 - Comparative Scores of the PREE

Study	Population	Follow-up Time	PREE Results Mean (SD)	Other Comparators			
El-Hawary et al., 2003 (3)	Patients with distal bicep tendon repair underwent 1-incision (n=9; age=47 (37-60)) or 2-incision surgery (n=10; age=44 (29-60))	Pre-operative	1-incision group = 48 (19-85) 2-incision group = 33 (8-51)	None			
Angst et al., 2005 (1)	79 patients (age=64.1 (24.5-92.3; 56F) who underwent total elbow arthroplasty		Pain = 71.2 (26.6) Function = 62.4 (26.2) Total = 66.8 (23.2)	SF-36 Subscales = 45.1 to 80.7 SF-36 PCS = 37.2 (12.0) SF-36 MCS = 52.3 (11.5)	DASH Symptoms = 66.1 (22.8) Function = 51.1 (25.2) Total = 55.3 (23.3)	pmASES Pain = 69.6 (27.0) Function = 57.4 (25.6) Satisfaction = 81.0 (26.6) Total = 63.1 (22.6)	cmASES Subscales = 12.5 to 89.8 Total = 68.1 (7.8)
Dubberley et al., 2006 (2)	28 patients (age=43) underwent open reduction internal fixation for capitellar and trochlear fractures	56 months	Total = 16 (21)	SF-36 PCS = 46 (13) MCS = 50 (12)	ASES Function = 29 (9)	MEPI Pain = 39 (9) Function = 24 (5) Motion = 19 (2) Stability = 10 (1) Total = 91 (11)	

Abbreviations: cmASES = clinical modified American Shoulder and Elbow Surgeons; DASH = Disabilities of the Arm, Shoulder, Hand; F = Female; M = Male; MEPI = Mayo Elbow Performance Index; pmASES = patient modified American Shoulder and Elbow Surgeons; SF-36 MCS = SF-36 Mental Component Score; SF-36 PCS = SF-36 Physical Component Score

Bibliography of Published Studies

1. Angst F, John M, Pap G, et al. Comprehensive assessment of clinical outcome and quality of life after total elbow arthroplasty. *Arthritis Rheum* 2005;53:73-82
2. Dubberley JH, Faber KJ, MacDermid JC, et al. Outcome after open reduction and internal fixation of capitellar and trochlear fractures. *J Bone Joint Surg Am* 2006;88:46-54
3. El Hawary R, MacDermid JC, Faber KJ, et al. Distal biceps tendon repair: Comparison of surgical techniques. *J Hand Surg [Am]* 2003;28:496-502
4. MacDermid JC. Outcome evaluation in patients with elbow pathology: issues in instrument development and evaluation. *J Hand Ther* 2001;14:105-114